

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024086

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

267

Primary Registration District No.

4395

Registrar's No.

34

FILED JUL 2 1962

## 1. PLACE OF DEATH

a. COUNTY

Ozark

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Gainesville

Length of stay in 1b

38 yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Home

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Ozark

Inside Limits

Yes ☒ No ☐c. CITY  
OR TOWN

Gainesville

d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Ruby

Middle

Viola Morrison

Last

4. DATE  
OF DEATH

Month

6-

Day

26-

Year

1962

## 5. SEX

F

## 6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

12-20-04

## 9. AGE (last birthday)

57

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Secretary

## 10b. KIND OF BUSINESS OR INDUSTRY

Office

## 11. BIRTHPLACE (City and state or country)

Bloodland, Mo

## 12. CITIZEN OF WHAT COUNTRY

U.S.A

## 13a. FATHER'S NAME

Noah Bivins

## 13b. MOTHER'S MAIDEN NAME

Amanda

## 14. NAME OF HUSBAND OR WIFE

W.M. Morrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Noah Morrison, Gainesville Mo

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

myocardial infarction

INTERVAL BETWEEN  
ONSET AND DEATH

10 min

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

coronary artery occlusion

10 min

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 1-26-59 to 6-26-62 and last saw him alive on 6-24-62  
Death occurred at 7:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Arthur J. Beard, Jr.

## 22b. ADDRESS

Gainesville, Mo

## 22c. DATE SIGNED

6-27-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

6-29-62

## 23c. NAME OF CEMETERY OR CREMATORY

Oak Lawn

## 23d. LOCATION (City, town, or county)

West Plains, Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Clickingboard, Gainesville, Mo

## 25. DATE RECD. BY LOCAL REG.

June 28-62

## 26. REGISTRAR'S SIGNATURE

Louanna C. Wade

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

JUL 6 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John R. Uarey

Licensed Embalmer No. 4883

P. O. Address Guam, P.R.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

Permit obtained 5/28